

MICHIGAN DEPARTMENT OF CORRECTIONS <b>POLICY DIRECTIVE</b>		EFFECTIVE DATE 02/14/2005	NUMBER 03.04.100
SUBJECT HEALTH SERVICES		SUPERSEDES 03.04.100 (11/01/02); 03.04.102 (02/28/00); 04.06.170 (03/16/98)	
		AUTHORITY MCL 791.203; 791.233d	
		ACA STANDARDS 2-CO-4E-01; 3-ACRS-4E-20; 4-4344; 4-4346 through 4-4349; 4-4361; 4-4373-1; 4-4346 through 4-4349, 4-4351 through 4-4353; 4-4359; 4-4362; 4-4363; 4-4363-1; 4-4365; 4-4367; 4-4370; 4-4371; 4-4376; 4-4377; 4-4378; 4-4380 through 4-4382; 4-4384; 4-4389;	
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### POLICY STATEMENT:

Prisoners shall be provided with unimpeded access to a continuum of health care services that is timely, humane and cost efficient. Continuity of care shall be provided from intake until the prisoner is released, including referral to community providers when appropriate.

### RELATED POLICIES:

03.04.101 Prisoner Health Care Copayment  
03.04.105 Informed Consent to Medical Care  
04.06.120 Hunger Strike

### POLICY:

### DEFINITIONS

- A. Medical Service Provider (MSP): A physician, physician assistant or nurse practitioner licensed by the State of Michigan or certified to practice within the scope of his/her training.
- B. Qualified Health Professional (QHP): A physician, physician assistant, nurse practitioner, registered nurse, dentist, dental hygienist or other health care professional licensed by the State of Michigan or certified to practice within the scope of his/her training.
- C. Qualified Mental Health Professional (QMHP): A physician, psychiatrist, psychologist, social worker, registered nurse, or other health professional who is trained and experienced in the areas of mental illness or mental retardation and is licensed by the State of Michigan or certified to practice within the scope of his/her training.
- D. Types of Conditions
  1. Emergent: A condition for which delay in treatment may result in death or permanent impairment.
  2. Routine: A condition which requires non-urgent, non-emergent health care contact with a prisoner, including screening, chronic disease follow-up and requests for elective treatment and surgeries.
  3. Urgent: A condition that is not likely to cause death or irreparable harm if not treated immediately; however, the condition needs to be treated as soon as possible and cannot wait for normal scheduling.

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## GENERAL INFORMATION

- E. All prisoners in Correctional Facilities Administration (CFA) institutions shall have access to health services as described in this policy, regardless of custody level or security classification. A prisoner whose health care needs cannot be met at the facility where the prisoner is housed shall be transferred to a facility where those needs can be met, consistent with PD 05.01.140 "Prisoner Placement and Transfer". The Administrator of the Bureau of Health Care Services (BHCS) shall ensure offenders in Technical Rule Violation Centers and probationers in the Special Alternative Incarceration Program (SAI) are provided access to appropriate health care services.
- F. Prisoners shall be charged a fee for health care services as set forth in PD 03.04.101 "Prisoner Health Care Copayment".
- G. The use of offenders in medical, pharmaceutical or cosmetic experiments is prohibited.
- H. Offenders shall not perform direct patient care, schedule medical appointments, determine access to care, handle critical tools or medications, operate diagnostic or therapeutic equipment, or have access to information contained in other prisoner's health records.
- I. All health care interviews, examinations, procedures and other encounters shall be conducted in a setting that provides for the prisoner's privacy, consistent with custody and security controls.

## ORGANIZATION

- J. BHCS shall be responsible for the Department's health services program, including coordinating and monitoring all health care services. Services shall be provided under the direction of the BHCS Administrator, in consultation with the Chief Medical Officer (CMO), and shall include medical, nursing, dental, psychiatric, psychological and ancillary services. However, all medical, psychiatric and dental matters involving medical judgment are the sole province of the responsible physician or dentist, under the direction of the CMO or, for psychiatric matters, the Director of the Corrections Mental Health Program. All treatment by health care staff shall be performed pursuant to written standing or direct orders by health care staff authorized by law to give such orders; this does not apply to treatment by physicians, dentists, psychologists, optometrists, podiatrists and other independent providers. Nurse practitioners, physician's assistants and licensed practical nurses shall practice within the limits of applicable laws and regulations.
- K. Health care services may be delivered directly by BHCS or through a health care network provider. If delivered by a network provider, the network provider shall be required to comply with all Department policy directives on the delivery of health care services to prisoners, unless specifically exempted by contract. The contract shall be administered by the BHCS Administrator or designee; the actual delivery of health care services to prisoners shall be monitored under the direction of the CMO.
- L. There shall be a Medical Services Advisory Committee, which shall be chaired by the CMO. Members shall include the Regional Medical Officers, the Director of Medical Services at Duane L. Waters Hospital and others as determined by the BHCS Administrator. The Committee shall be responsible for recommending improvements to the delivery of health care services, developing criteria for care to be provided to prisoners in chronic care clinics, approving medications to be added to the BHCS uniform formulary, and other responsibilities as identified by the BHCS Administrator.
- M. The Health Unit Manager shall be responsible for the operation of the health care clinic, except for issues which require medical judgment. The Health Unit Manager shall meet with the Warden of his/her facility as often as necessary but at least quarterly and submit quarterly reports and annual statistical summaries on the facility's health care delivery system and health environment to the Regional Health Administrator or Administrator of the Jackson Medical Complex, as appropriate, and to the Warden. The Health Unit Manager shall report immediately to the Warden and the appropriate Regional Medical Officer any condition that poses a danger to the health of staff or prisoners at the facility.

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## DOCUMENTATION

- N. All information regarding health care and treatment provided to an offender shall be entered in the appropriate health record as set forth in PD 03.04.108 "Prisoner Health Information".
- O. Logbook entries required by this policy shall be in accordance with criteria established by the BHCS Administrator or designee in accordance with Department policy.

## TELEMEDICINE

- P. Health care services may be provided to prisoners through telemedicine, which is a video conferencing system that allows for video, audio and data transmission of information between a prisoner and a health care provider. Only health care services identified by the BHCS Administrator shall be provided via telemedicine, consistent with this policy.
- Q. Telemedicine services shall be provided and documented consistent with requirements for traditional health care services. BHCS staff shall inform a prisoner if s/he will receive telemedicine services in lieu of traditional health care services. BHCS staff also shall inform the prisoner that s/he may refuse receiving the telemedicine services but, if refused, it will constitute a refusal of health care services and services will not be provided through any other means. Refusals shall be documented as set forth in PD 03.04.105 "Informed Consent to Medical Care".

## RECEPTION INTAKE SERVICES

- R. The prisoner health record shall be established as soon as possible after the prisoner's arrival at a reception facility as set forth in PD 03.04.108 "Prisoner Health Information". Each prisoner received at a reception facility shall be provided a health screening and full health appraisal as set forth below
- S. The following shall be provided to each prisoner as soon as possible but no later than eight hours after arrival at a reception facility:
  - 1. A preliminary health screening, including recording height, weight and vital signs, and arrangements for any needed medical treatment, including medicine renewals and detoxification.
  - 2. A suicide risk screening as set forth in PD 04.06.115 "Suicide Prevention" and identification of any immediate mental health needs.
  - 3. An assessment to determine any need for a therapeutic diet pursuant to PD 04.07.101 "Therapeutic Diet Services".
  - 4. Tuberculosis (TB) screening, counseling and education, as set forth in PD 03.04.115 "Control of Tuberculosis in Offenders".
  - 5. Information regarding how to access health care services.
- T. The following shall be completed for each prisoner within 14 calendar days after arrival at a reception facility:
  - 1. A comprehensive history and physical examination by an MSP, unless documented in the prisoner's health record that one was completed within the preceding year.
  - 2. A comprehensive health appraisal by an appropriate QHP, unless documented in the prisoner's health record that one was completed within the preceding 90 calendar days. This shall include the following:

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- a. Reviewing preliminary health screening conducted pursuant to Paragraph S
  - b. All necessary lab tests.
  - c. Appropriate diagnostic procedures and treatment.
  - d. Any necessary immunizations.
  - e. Dental screening and examination as set forth in PD 04.06.150 "Dental Services". The screening shall be provided no later than seven calendar days after arrival.
  - f. Psychological screening and additional testing, if indicated.
  - g. Assessing disabilities and arrange for any necessary accommodations or medical details as set forth in PD 04.06.160 "Medical Details and Special Accommodation Notices".
- U. The following also shall be completed for each prisoner within 14 calendar days after arrival at a reception facility, unless otherwise determined by the BHCS Administrator or designee:
- 1. Collect sample for Human Immunodeficiency Virus (HIV) testing and provide the prisoner with counseling and education as set forth in PD 03.04.120 "Control of Communicable Bloodborne Diseases".
  - 2. Provide education and counseling on Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV) and administer HBV vaccine to all prisoners consenting to vaccination, as set forth in PD 03.04.120.
  - 3. Provide advance directives information and document the prisoner's response in the prisoner's health record, as set forth in PD 03.04.107 "Advance Directives for Health Care".
  - 4. Referral to QHP specific to identified prisoner needs.
  - 5. Identify any substance abuse related health problems (e.g., chemical dependency) and provide treatment as required.
- V. Female prisoners who are pregnant shall be provided information on specific health services available related to their pregnancy (e.g., pre-natal care).
- W. Prisoners shall be screened for placement and, if appropriate, enrolled in a chronic care clinic. Baseline laboratory studies for prisoners to be placed in the clinic shall be initiated in the reception facility.

#### ANNUAL HEALTH CARE SCREENING

- X. Health care staff shall schedule an annual health care screening appointment for each prisoner in a CFA facility within 30 calendar days before or after the prisoner's birthday, unless the prisoner is in SAI. The health status of the prisoner shall be documented by the health care provider on the Annual Health Screening form (CHJ-114), and the prisoner referred as necessary to the appropriate QHP as indicated by the screening. The screening also shall include the following:
- 1. Recording vital signs, including weight.
  - 2. TB screening, counseling and education as set forth in PD 03.04.115 "Control of Tuberculosis in Offenders".
  - 3. Assessing disabilities and necessary accommodations or medical details as set forth in PD 04.06.160 "Medical Details and Special Accommodation Notices".

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4. Reviewing HBV vaccine status.
  5. Reviewing and inquiring about advance directives and document the prisoner's response in the appropriate health record, as set forth in PD 03.04.107 "Advance Directives for Health Care".
  6. Providing health education/disease prevention information, including TB, HIV/AIDS, HCV, smoking cessation, and breast and testicular self exam.
  7. Reviewing and updating as necessary chronic disease information.
  8. Referral to an MSP, if indicated.
- Y. A DNA sample shall be taken from each prisoner at the annual health care screening unless a sample was previously provided. The prisoner's consent to take the sample is not required. A DNA Sample - Collection Record (CHJ-269) shall be completed indicating the prisoner's compliance with or refusal to provide the sample. If the sample cannot be collected without undue danger to staff or the prisoner, appropriate health care staff shall contact the Administration and Programs (A&P) Deputy Director to obtain further direction on how to proceed.
- Z. Prisoners scheduled for an annual health care screening who are not seen on the scheduled day shall be rescheduled within five business days. A prisoner who does not attend the subsequent health care screening appointment shall be rescheduled and seen by an appropriate QHP based on medical need, as determined by an MSP. Prisoners who are hospitalized at the time of their regularly scheduled annual health screen may have the time adjusted as necessary.

#### HEALTH SERVICES PRIOR TO RELEASE

- AA. Prior to a prisoner transferring to Community Residential Programs, paroling or discharging, health care staff shall provide the prisoner with HCV health education/disease prevention information. The prisoner also shall be offered a voluntary alanine aminotransferase (ALT) test. If the prisoner wants to be tested, the test shall be administered prior to release and the results provided to the prisoner.

#### URGENT/EMERGENT HEALTH SERVICES

- BB. Wardens shall ensure that telephone numbers necessary for provision of emergency health care are readily available to appropriate staff at their facility. On-duty health care staff shall ensure that the facility's Control Center is aware of how to contact them at all times. Staff shall respond in accordance with PD 03.04.125 "Medical Emergencies" whenever a prisoner is determined to be in need of emergency medical attention.
- CC. Any prisoner who believes s/he has an urgent/emergent health condition may request health care services by notifying staff of the problem which the prisoner believes requires an immediate health care visit. The staff person shall contact health care services and convey the prisoner's request, regardless of the prisoner's custody status or the time or day of the request. The contact shall be responded to by one or more of the following methods, as determined by the QHP:
1. The prisoner shall be allowed to speak directly to the QHP by telephone.
  2. The prisoner shall be allowed to go to the health services area.
  3. The QHP shall go to the prisoner's location to conduct an evaluation.
- DD. Staff may contact the MSP on-call at the Duane L. Waters Hospital (DWH) for urgent health care complaints made by prisoners after business hours or on weekends or holidays. When warranted and possible, the provider shall speak directly to the prisoner when making a telephone evaluation. A copy

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of the Report of On-Call Contact (CHR-198) shall be sent via facsimile machine to the facility where the prisoner resides and reviewed by an MSP prior to inclusion in the health record.

- EE. Prisoners who require urgent care shall be sent to a local hospital or local emergency clinic if a QHP determines necessary services cannot be provided at the facility. An ambulance shall be used whenever deemed necessary by appropriate health care staff.
- FF. A prisoner who has been treated for an urgent or emergent condition shall be seen by an MSP for follow-up no later than the next business day or, if hospitalized, no later than the business day following his/her return to the facility. If an MSP is not at the facility on the next business day, the prisoner shall be seen by a nurse on that day and by an MSP on the next day s/he is at the facility.
- GG. Each health care clinic shall maintain an urgent/emergent logbook to document every prisoner contact for urgent or emergent health care services.

#### PRISONER REQUESTS FOR ROUTINE HEALTH SERVICES

- HH. Prisoners shall submit a Health Care Request (CHJ-549) to request routine health care services, including reassessment of the need for an assistive device or other service provided the prisoner to meet his/her medical needs. Housing unit staff shall assist illiterate prisoners and others who are unable to complete the form. A locked container shall be provided which is easily accessible to all general population prisoners in which they can place the form; these containers shall be opened only by health care staff. Health care staff shall collect the forms at least daily or, in a camp, each day that health care staff is at the camp. The date and time of receipt of each form, presenting complaint and disposition shall be documented in a logbook maintained for this purpose.
- II. An appropriate QHP shall triage the information presented on the Health Care Request and either respond in writing to the prisoner's request, or see the prisoner, within one business day after receipt of the form. If a written response is provided, it shall address the following, as appropriate:
  - 1. The prisoner's medical request or complaint.
  - 2. The need for an appointment. If an appointment is needed, the prisoner shall be seen by an appropriate QHP within two business days after the written response is provided and/or, if necessary, by an MSP within seven business days after the written response is provided.
  - 3. Medication renewal.
  - 4. Health education relevant to the request or complaint.
- JJ. The BHCS Administrator or designee shall maintain protocols which BHCS staff must follow when responding to written requests for health care services. All BHCS staff who review and respond to these requests shall receive training on the protocols.

#### SEGREGATION

- KK. Nursing staff shall make daily rounds in segregation units to collect written requests for health care services from prisoners and to follow up on health care concerns. Rounds also shall be made at least every two weeks by an MSP. A QMHP shall make rounds in segregation units as set forth in PD 04.05.120 "Segregation Standards" and PD 04.06.182 "Mentally Ill Prisoners in Segregation". The presence of health care staff shall be announced and documented in the unit's logbook.
- LL. Health care services shall be provided to the prisoner in the housing unit clinic area when medically appropriate; if not medically appropriate, the prisoner shall be escorted to an appointment in the health care clinic. Any prisoner who presents to the nurse three times within a 30 calendar day period with the same health complaint shall be referred to an MSP to determine proper course of action.

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### SICK CALL ACCESS

- MM. Health care staff shall provide prisoners with access to sick call through ambulatory care clinics. Access shall be permitted by request of the prisoner or staff, including requests made during rounds.
- NN. Sick call shall be available to prisoners through an ambulatory care clinic at least four days per week. Prisoners who appear for a scheduled clinic visit but are not seen on that day will be seen at the next clinic without having to resubmit a written request for services. If a prisoner presents the same symptoms three times in a 30 calendar day period, the prisoner shall be referred to an MSP to determine proper course of action.

### CHRONIC CARE CLINICS

- OO. Chronic care clinics provide continuous health care services as needed to prisoners with chronic diseases or disorders as set forth in chronic care clinic guidelines approved by the CMO. Prisoners who are seen in chronic care clinics shall be identified on the Health Management Information System.

### CORRECTIVE AND RECONSTRUCTIVE SURGERY

- PP. Corrective surgery is a surgical procedure to alter or adjust body parts or the body structure. Reconstructive surgery is a surgical procedure to reform body structure or correct defects. For purposes of this policy, corrective and reconstructive surgery does not include procedures which can be done under local anesthesia.
- QQ. Corrective and reconstructive surgery shall be authorized for a prisoner only if the primary purpose is to restore function and only if approved by the CMO; it shall not be approved if the sole purpose is to improve appearance. Approved surgeries shall be performed at DWH whenever feasible and cost effective.
- RR. Corrective or reconstructive surgery resulting from self-inflicted injuries shall be approved only when there is minimal risk of re-injury by the prisoner, as determined by an appropriate QMHP. These prisoners shall be required to pay a fee for this service, consistent with PD 03.04.101 "Prisoner Health Care Copayment".
- SS. Before referring a prisoner for corrective or reconstructive surgery, the MSP shall monitor the prisoner's condition for an appropriate period of time to establish the actual degree of disability or dysfunction. The feasibility of corrective or reconstructive surgery shall be evaluated to determine whether to make a referral. This shall include evaluating the expected improvement in the prisoner's level of functioning, any risks and their probabilities, and available non-surgical treatments. Consideration also shall be given to whether the prisoner's condition occurred while incarcerated or is a stable, chronic disorder which was present prior to incarceration.

### MENTAL HEALTH SERVICES

- TT. Mental health services shall be provided to prisoners in accordance with PD 04.06.180 "Mental Health Services" and PD 04.06.183 "Voluntary and Involuntary Treatment of Mentally Ill Prisoners" when any one of the following circumstances occur:
1. A referral is made by an appropriate QHP after assessment at intake, transfer into the facility, at the ambulatory care clinic, during segregation or other rounds, or at the annual health screening.
  2. A prisoner requests mental health services.
  3. A referral is made by a Department employee based on the prisoner's behavior. The Mental Health Services Referral form (CHX-212) shall be used for this purpose.

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4. Follow-up care as determined appropriate by a QMHP.

#### DENTAL SERVICES

- UU. Prisoners shall be provided dental services in accordance with PD 04.06.150 "Dental Services" through any of the following:
1. Referral by an appropriate health care provider after assessment at intake, transfer into the facility, at the ambulatory care clinic or at the annual health screening.
  2. Prisoner request for dental services.
  3. Referral to a dental specialist by the primary dentist.
  4. Follow-up as determined appropriate by the primary dentist.

#### ANCILLARY SERVICES

- VV. Health care staff shall ensure that necessary ancillary services are provided to prisoners as ordered by an MSP. The services may be provided on-site or off-site and may include:
1. Pharmacy services.
  2. Laboratory services.
  3. Radiology services.
  4. Physical therapy services and other therapies such as occupational and speech.
  5. Dietary services which shall include evaluation by a registered dietician for special or therapeutic diets.
  6. Optometric services as set forth in PD 04.06.165 "Optometric Services".

#### ADDITIONAL SERVICES

- WW. Health care staff shall ensure that additional necessary services are provided as ordered by an MSP. Additional services that are available include the following:
1. Specialty service appointments. These appointments shall be scheduled by health care staff as soon as possible after receipt of an approved referral. If the referred prisoner cannot be seen for more than 30 calendar days, s/he shall be seen by an MSP at least every 30 calendar days while waiting for the specialty service to be provided.
  2. Routine medical/surgical inpatient care, long-term inpatient care and rehabilitative services. This care shall be obtained through DWH or a secure unit hospital officer when available and medically appropriate.
  3. Hospital based outpatient diagnostic or therapeutic services. These services shall generally be scheduled at DWH or a secure unit hospital; however, alternative local services may be used if the services will be provided in a more cost efficient or timely manner and there are no overriding custody concerns. Decisions on appropriateness of the site shall be made in consultation with the health care network provider.
  4. Long term care. This care shall be provided in units established to provide such care.



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### CFA INTER-INSTITUTIONAL TRANSFERS

- XX. The BHCS Administrator shall ensure that an Onsite Health Care Services Grid is maintained which indicates the health care services and special accommodations available at each facility. Prior to transfer to another facility, prisoners shall be medically cleared for the transfer consistent with the Onsite Health Care Services Grid and in accordance with PD 05.01.140 "Prisoner Placement and Transfer". Clearance codes shall be updated on the Health Management Information System prior to the transfer, as necessary.
- YY. Health care staff shall complete routine requests for medical clearance for transfer within three business days after receiving the request. Urgent requests for medical clearance for transfer shall be addressed during the shift in which the request is received or as soon thereafter as possible.
- ZZ. Prisoners shall be seen by an appropriate QHP as soon as possible after arrival at a CFA facility. If a QHP is not on-site, the prisoner shall be seen within a reasonable time after a QHP is available; in such cases, the Arrival Screening Health-Trained Review Form (CHJ-338) shall be completed by staff trained by health care staff in the completion of the form as soon as possible after the prisoner's arrival and reviewed by the QHP prior to seeing the prisoner. The QHP shall do all of the following:
1. Observe and interview the prisoner.
  2. Review the prisoner's health record, which shall be delivered to health care staff immediately upon arrival of a prisoner at a facility.
  3. Complete the Transfer Assessment/Screening form (CHJ-218).
  4. Ensure that the prisoner has the necessary medications and special accommodations.
  5. Schedule a clinic visit with the MSP for any prisoner enrolled in a chronic care clinic, consistent with chronic care clinic guidelines.
  6. Provide orientation to the medical program at the facility. Special instructions, if appropriate, shall be given to a prisoner enrolled in the chronic care clinic program.
  7. Schedule appropriate referrals.

### FAILURE TO REPORT FOR A SCHEDULED HEALTH SERVICES APPOINTMENT

- AAA. Health care staff shall follow-up on all appointments for which the prisoner failed to report (no show). If rescheduling is necessary, the prisoner shall be seen by an appropriate QHP within a time frame appropriate to the prisoner's condition. A misconduct report may be written on a prisoner who misses an appointment, when appropriate.
- BBB. If a prisoner is scheduled for treatment and refuses, the refusal shall be documented as set forth in PD 03.04.105 "Informed Consent to Medical Care". Continued treatment shall be provided in accordance with PD 03.04.105; however, the prisoner shall be seen by an MSP within a time frame appropriate to the prisoner's condition for counseling about the importance of having his/her health care needs addressed. Health care staff shall continue to schedule the prisoner for necessary chronic and convalescent care follow-up, annual health assessments and counseling on the importance of these visits even though there exists documented refusal of treatment for previous appointments.

### HEALTH EDUCATION

- CCC. Health care staff shall take an active role in providing patient instruction and information to prisoners for self care which shall include the following:

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1. All prisoners shall be provided with information on TB, hepatitis, HIV infection and AIDS at the time of the prisoner's annual health screening.
2. Patient education regarding TB, hepatitis infection, HIV infection and AIDS shall be given to each diagnosed prisoner at the time test results are provided to him/her and as necessary throughout the course of the prisoner's illness. Counseling also shall be provided to the prisoner as determined necessary by health care staff.
3. Each prisoner shall be instructed by health care staff on the advantages and risks of vaccination before s/he receives any immunization.
4. Health care staff shall provide appropriate patient education to all prisoners with a chronic disease or who are diagnosed with a chronic illness regarding the disease or illness during chronic care clinic visits.
5. All convalescent prisoners and prisoners who are discharging from an inpatient unit shall receive education regarding their condition and necessary follow-up.
6. All prisoners shall receive instructional information on health promotion and disease prevention issues at the time of annual health screening.

#### OPERATING PROCEDURES

DDD. Wardens, Regional Health Administrators and the Administrator of the Jackson Medical Complex shall ensure that procedures are developed as necessary to implement requirements set forth in this policy directive; this shall be completed within 60 calendar days after the effective date of the policy directive. This requirement includes ensuring their existing procedures are revised or rescinded, as appropriate, if they are inconsistent with policy requirements or no longer needed. The BHCS Administrator shall ensure any necessary Department-wide procedures are issued. Local procedures shall not conflict with any Department-wide procedures.

#### AUDIT ELEMENTS

EEE. A Primary Audit Elements List has been developed and will be provided to Wardens and Regional Health Administrators to assist with self audit of this policy, pursuant to PD 01.05.100 "Self Audit of Policies and Procedures".